

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Milan Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 52435 Infirmary Road Milan, MO 63556	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two residents, (Resident #7 and #10) were free from sexual abuse by one resident (Resident #11), in a review of 12 sampled residents. On 10/26/25 Resident #11 grabbed Resident #7's breasts over his/her clothing, without the resident's consent while they were outside in the courtyard. Resident #7 reported the incident to staff on 10/26/25 around 4:00 P.M. Resident #7 was tearful when recounting the abuse and reported he/she had never been grabbed like that before. Resident #7 feared being alone and Resident #11 coming around him/her again. Approximately four hours after the incident was reported by Resident #7, staff found Resident #10, who had impaired cognition, a diagnosis of dementia and who wandered in the facility, in Resident #11's room with Resident #11 around 8:00 P.M. Resident #11 and #10 sat next to each other on the bed and Resident #10's shirt was pulled up exposing his/her breasts. Resident #10's shoes and socks were off, and his/her pants were on inside out. After the incident, Certified Nurse Aide (CNA) H checked on Resident #10 at the nurses' station. Resident #10 was distraught and tearful. Resident #10 didn't want to go to his/her room to sleep and instead stayed the night in the common area. The facility census was 87. On 10/30/25 the administrator was notified of the Past Non-Compliance which occurred on 10/26/25. On 10/26/25 facility staff became aware Resident #11 had sexually abused Resident #7 and Resident #10. Following the second incident, staff placed Resident #11 on one-on-one monitoring to ensure residents were protected. Staff will continue to monitor Resident #11 while he/she is in the facility. On 10/27/25 the facility began in-servicing staff, prior to the start of their next shift, on the facility's abuse policy, specifically sexual abuse. The facility interviewed and assessed other residents to ensure no other residents were affected. The deficiency was corrected on 10/27/25. Review of the facility's Sexual Activity/Abuse and Neglect policy, revised 9/29/25, showed the following:-Residents that are wishing to engage in sexual activity/intercourse will be allowed to participate in these activities as long as both parties consent and have the ability to consent;-Non-consensual acts are not permitted;-If non-consensual sexual activity occurs, the abuse and neglect policy will be followed. Review of the facility's Abuse and Neglect Policy, revised on 6/12/24, showed the following:-Sexual abuse is non-consensual contact of any type with a resident. Sexual abuse includes, but is not limited to unwanted intimate touching of any kind especially of breasts or perineal area and coerced nudity;-This also includes failure to intervene or attempt to stop or prevent non-consensual sexual activity or performance between residents;-The facility will protect residents from harm during an investigation;-The facility will take steps to prevent mistreatment while the investigation is underway. 1. Review of Resident #7's face sheet, showed the following:-The resident admitted on [DATE];-He/She had a guardian;-Diagnoses included bipolar disorder (mental health condition characterized by extreme mood swings, alternating between periods of elevated mood and depression), anxiety disorder (mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life), and major depressive disorder (serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities previously enjoyed). Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument dated 10/5/25, showed the following:-The resident was cognitively intact;-Independent with staff supervision with transfers and ambulation.-Presented with no behaviors. Review of the resident's care plan, revised 7/30/25, showed the following:-He/She was independent with activities of daily living (ADLs) with supervision;-Caregivers to provide opportunity for positive interaction, attention,, and stop and talk with the resident when passing by;-The resident had a communication problem related to inattention and disorganized thinking at times related to bipolar disorder. 2. Review of Resident #11's face sheet, showed the following:-The resident admitted on [DATE];-The resident was his/her own responsible party;-Diagnoses included stroke. Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument, dated 9/18/25, showed the following:-The resident had moderately impaired cognition;-No functional limitation with range of motion in upper or lower extremities;-Independent with supervision to transfer from bed to wheelchair and back;-Unable to ambulate, so locomotion was via electric wheelchair;-No behaviors directed towards others. Review of the resident's care plan, dated 9/26/25, showed the following:-Provide protective oversight and assist where needed;-The care plan did not address resident behaviors. 3. Review of Resident #7's nurse note, dated 10/26/25 at 4:10 P.M., showed the following:-The resident told the charge nurse Resident #11 touched his/her breast in the courtyard before smoke break</p>		